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**MCFT 522 Diagnosis of Mental and Emotional Disorders  
SPRING 2021 (2 units)**

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Time & Day: MCFT 522-01: Wednesday 2:00-5:00, 1/13/21 to 3/17/21  
MCFT 522-02: Wednesday 5:30-8:30, 1/13/21 to 3/17/21

Place: All class meetings will be online via Zoom – Instructor will send link

Instructor: Shelly Stratton, PhD, LCSW  
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Phone: 603-969-6985

**CATALOG DESCRIPTION**

Introduction to the structure and uses of the DSM 5 for diagnosing mental and emotional disorders. Limits and weaknesses of these approaches—especially with regard to sociocultural differences—and alternatives to them. How to use these systems effectively in the context of relational, biopsychosocialspiritual, systemic interventions, and in culturally diverse environments. Current knowledge, theory, and issues regarding selected disorders and their treatment.

**CREDITS:** 2 semester units (30 total clock hours)

**STUDENT LEARNING OUTCOMES**

This course promotes the following student learning outcomes:

- SLO 1.1 Students recognize the impact of power on individuals, families, and communities.
- SLO 2.1 Students self-reflect on the implications of own and others' social location in clinical practice.
- SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.
- SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.
- SLO 4.3 Student demonstrate integration of family therapy theory, equity, and social location in clinical practice.

**COURSE OBJECTIVES**

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Consider sociocultural influences on the development of DSM criteria and their application

2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy.
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
4. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
5. Understand the established diagnostic criteria for mental and emotional disorders, and describe treatment modalities and placement criteria within the continuum of care.
6. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.
7. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.

### **LEARNING IN THE CONTEXT OF COVID-19**

**We are in this together.** We are coming together to learn and develop as family therapists-in-training in an unprecedented time. We did not sign up for sickness, social distancing, the sudden end of our collective lives together on campus, and online classes, yet we face these conditions. Our current global situation requires we adapt physically, behaviorally, mentally and emotionally and be attentive to our relationships with one another, knowing that the resources and privileges available to each of us as we navigate this crisis from our unique intersecting identities vary considerably. It is crucial that we do our best to approach our learning with grace and understanding for ourselves and of each other; that we do not disengage and give up, and instead creatively find and develop our personal and collective sources of resilience.

**We remain professional.** Responding to the COVID crisis makes visible new challenges and opportunities for the professional practice of family therapy. Like most mental health services during the pandemic, this course will primarily be online via Zoom. This will enable us to achieve the best possible professional development experience while adhering to public health safety precautions. Though gathering from our personal spaces (formerly private), when we gather on Zoom we are entering professional space. Each of us needs to be responsible regarding our surroundings, how we present ourselves, and how we engage--as in any professional venue.

**Engaging across virtual space.** Like most therapists in the field, we long to meet face-to-face, to connect and engage with each other through all our senses. Engaging across virtual space takes more intentionality. Because our cameras do not move when our eyes/bodies move, we will not always be able to tell who is about to speak or have the experience of direct eye contact. We will need to attend more fully to others and take responsibility for participating in group discussions in ways that expand our prior classroom styles. Like good family therapists, you will need to look for possibilities that this new way of engaging affords--to see and welcome new opportunities for growth arising from our situation.

**Guidelines for this Zoom course.** Each instructor structures online learning somewhat differently. In this class:

- You may log into the “classroom” early. Come five or ten minutes early and chat with each other. Instructor will not listen to your pre-class conversation, even if logged in.

- Open your video so we can all see each other.
- Mute your sound when you are not speaking, except in small breakout groups.
- Use the gallery view in Zoom during class discussion. When the instructor or a student is presenting, switch to speaker view.
- Wave your hand when you want to speak. Feel free to assist the instructor in noticing if someone wants to speak and has been missed.
- Please do NOT use the chat feature in this class.

**Requirements for online learning.** For the best shared learning experience you will need:

- A quiet space as private as possible given your circumstances
- A computer - PC or Macintosh- with a stable Internet connection. Higher speed Internet connections (cable modem, DSL) are strongly recommended.
- A camera built in or attached to your computer.
- The most current version of the browser Firefox or Chrome.
  - Download Firefox <http://www.mozilla.org/en-US/firefox/new/>
  - Download Chrome <https://www.google.com/chrome/browser/desktop/index.html>
- The most current version of Zoom downloaded as an application on your computer
  - Download Zoom <https://zoom.us/download>
  - Sign in with your Lewis & Clark email account
  - For help and troubleshooting with Zoom, visit the Zoom Help Center: <https://support.zoom.us/hc/en-us>
- Computer skills - email, surf the Internet, create basic word processor files, upload and download documents.
- Microsoft Office 2010 or higher (Must include Word and PowerPoint).
- A "technology back-up" plan.

## TEXTS/READINGS/VIDEO

### Required Books

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition*. Washington, D.C.: American Psychiatric Association Press.

Morrison, J. (2014) *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians, 2nd ed.* New York, NY: Guilford Press.

Russo, J. A. (2017). *DSM-5<sup>®</sup> and Family Systems*. New York, NY: Springer Publishing Co.

### Required Video

[DSM-5: An Invitation to Bias: Social Justice and Diagnostic manuals](https://www.youtube.com/watch?v=...)  
[www.youtube.com > watch](https://www.youtube.com/watch?v=...)

### Required Articles

Listed each week in the syllabus.

**COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES**

<b>Course Objective</b>	<b>MCFT Student Learning Outcomes</b>	<b>AAMFT Core Competencies &amp; AMFRTB task statements</b>	<b>Evaluated by</b>
1. Consider sociocultural influences on the development of DSM criteria and their application	SLO 1.1 SLO 1.2	CC 1.2.1 CC 1.2.2 CC 2.1.6 CC 2.3.1 TS 02.06 TS 02.11	Case Vignettes  CFI and Eco-map  Participation Rubric
2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy.	SLO 2.1 SLO 2.2 SLO 4.1 SLO 4.3	CC 1.2.1 CC 1.2.2 CC 1.3.1 CC 2.1.4 CC 2.3.1 CC 4.5.3 CC 5.4.1 TS 01.04 TS 02.06	Case Vignettes  CFI and Eco-map  Participation Rubric
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.	SLO 1.2 SLO 4.2	CC 1.2.1 CC 1.3.1 CC 2.1.2 CC 2.2.5 CC 2.3.1 TS 01.04 TS 02.06 TS 02.08	Case Vignettes  Participation Rubric
4. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).	SLO 4.2	CC 2.1.4 CC 2.3.1 CC 2.3.7 TS 02.30 TS 03.04	Case Vignettes  CFI and Eco-map  Participation Rubric
5. Understand the established diagnostic criteria for mental and emotional disorders and describe treatment modalities and placement criteria within the continuum of care.	SLO 1.3 SLO 4.2	CC 2.2.3 CC 2.3.1 CC 2.3.7 CC 3.2.1 CC 4.5.3 CC 5.4.1 TS 02.20	Case Vignettes  CFI and Eco-map  Participation Rubric
6. Understand appropriate use of diagnosis during a crisis,	SLO 4.2 SLO 4.3	CC2.4.2 CC 4.3.8	Case Vignettes

disaster, or other trauma-causing event.		TS 05.09	Participation Rubric
7. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	SLO 4.2	CC 2.3.1 CC 5.4.1	Case Vignettes  CFI and Eco-map  Participation Rubric

## COURSE ASSIGNMENTS

**A note about writing:** All written submissions for this course should be typed, in 12-point size, Times New Roman font, and double-spaced. **Do not exceed listed page length.** The ability to express yourself and think critically through writing is important to your professional development. Please proof read your writing and be coherent with your writing style.

### 1. **Participation:** (30 points)

This course emphasizes shared engagement with the assigned readings and development clinical competencies through case discussions and role plays. Toward this end, you are expected to:

- Attend and participate in **all** class meetings. In the event of illness or other emergency, please email the instructor in advance of class. Missed classes will be made up by written reflections on the required readings for the day.
- Come to class prepared (having read the assignment for the day) and contribute to in-class discussion/activities based on the readings assigned.
- Respectfully engage with other students and/or the instructor in a spirit of openness and curiosity.

**Your participation will be evaluated according to the following criteria:**

CLASS PARTICIPATION	Possible points	Points demonstrated
Prompt and dependable presence in the class.	5	
Prepares for class by immersing self in course readings and reflecting on their application to personal practice.	10	
Contributes to ongoing reflection and evaluation of own development of a critical contextual consciousness and awareness of equity in the practice of MCFT.	5	
Contributes to the development of other class members and the group as a whole.	5	
Helps to create an atmosphere of safety and mutual respect among all class members.	5	
Total	30	

**2. Case Vignettes – Diagnosis Review:** (25 points each)

There will be total of two diagnosis reviews during the semester. Each of the diagnosis review will be 25 points. Based on experience and observations create a (1page) case vignette describing a client and their presenting concerns. Identify what you believe is the clinically relevant information. Highlight what seems **central** to the individual's difficulties. In a 3-4 page paper, discuss your diagnostic impressions by addressing points presented below (one or two paragraphs each). For some vignettes, opinion may differ on the exact diagnosis. *It is less important that you attempt to find the "perfect" diagnosis, but rather that you show evidence to support your diagnosis, as described below, based on the information provided in the vignette.* Discuss relational, biopsychosocialspiritual and systemic issues that may complicate the diagnosis. Note that the greatest weight is placed not on the diagnosis but on your reasoning and explanation.

<b>Case Vignettes – Diagnosis Review</b>	<b>Possible Points</b>	<b>Points Demonstrated</b>
A. Provide a DSM-V diagnosis, <u>including code, R/O, and all relevant specifiers.</u>	5	
B. Explain your reasoning for each element of the diagnosis. In discussing your diagnosis identify the data provided in the vignette that supports each of the criteria that you are using to make the diagnosis.	10	
C. Identify other diagnoses you considered and present your reasoning for choosing the diagnosis you did and for ruling out other diagnoses.	5	
D. Based on the details provided discuss relational, biopsychosocialspiritual and systemic issues that may complicate the diagnosis	5	
<b>TOTAL</b>	<b>25</b>	

**3. DSM-5 Cultural Formulation Interview (CFI) and Eco-map** (20 Points) (upload to Moodle by Class 3) and Paper (due Class 4)

This assignment aims to familiarize you with the DSM - 5 Cultural Formulation Interview (CFI) while also creating an opportunity to explore culture, identity and the unique social and political contexts that influence assessment and diagnosis. Note that there are 3 steps to the assignment. 1) Read the DSM-5 CFI introduction and questions, 2) Create an Eco-map due session 1/27 (session 3), 3) Write a 3-4 page paper due 2/3 (session 4).

1. Read the introduction to the Cultural Formulation Interview (CFI) and Interview questions to orient you toward this framework. As you create your Eco-map please consider the *Outline for Cultural Formulation* categories for systemic assessment included in the introduction.
  - a. *Cultural identity of the individual*
  - b. *Cultural conceptualization of distress*
  - c. *Psychosocial stressors and cultural features of vulnerability and **resilience***
  - d. *Cultural features of the relationship between the individual and the clinician* (this will be explored more fully in your paper)

- e. *Overall cultural assessment* (your insight into the role of culture, identity and social context on your sense of well-being)
2. Using images and symbols you will create an eco-map that reflects your personal experience of culture, identity and the social/relational/political contexts that have influenced a sense of well-being in your life.
    - a. Create a visual map using only images to portray your experience. You may use markers/pencils/crayons or use images from magazines and textures from a variety of found materials. Be creative and **allow time for deep contemplation**.
    - b. This eco-map will be a **visual representation** of the intersection of social and cultural strength as well as the barriers that interfere with a sense of well-being. The map represents your experience of complex and important social systems (family, community, schools, church, neighborhood), culture and individual identity. Link relationships and experiences with pathways, lines, arrows.
    - c. Please use **images** and **symbols** that represent aspect of the experience, rather than drawing an accurate or artistic representation (i.e. stick figures, thin, thick and broken lines linking images to depict the strength of connections, use shapes and colors).
    - d. *Questions to consider:* Where was social and cultural capital/strength overlooked or challenged? Where do you see sources of rupture or distress? Are there cultural conceptions of distress that might be viewed differently with careful consideration? Can you identify tension related to points of privilege and power? How are (or could) elements of cultural strength be highlighted to support an improved sense of well-being? Who are the people who have influenced you most? What and where are the resources?
    - e. Bring your eco-map to class on . You will be asked to share your eco-map with 2 of your classmates. This group will share a brief report to the class.
  3. A 3-4 page paper will be due 2/3 (session 4) the session following the sharing of eco-map in class. The paper should discuss:
    - a. Your experience of creating the Eco-map. In what ways did the Eco-map assignment challenge you to expand your awareness of culture and identity in the formulation of a diagnosis?
    - b. The implications and relevance of culture and identity on the development of diagnosis. Reference DSM-5 reading and CFI to clarify your points.
    - c. Discuss what you have learned about *potential* “cultural features of the relationship between the individual and the clinician”. How might your social/cultural location and identity influence the discernment of culturally informed diagnosis?

<b>Cultural Formulation Interview (CFI) and Eco-map</b>	<b>Possible Points</b>	<b>Points Demonstrated</b>
<i>Eco-Map due 1/27</i> <i>Paper due 2/3</i> A. Eco-map visually reflects your personal experience of culture and identity using images and symbols. Impressions from the CFI are integrated into the Eco-map	5	
B. Paper provides a personal reflection on the experience of creating the eco-map and highlights key learning from the project	5	
C. Paper displays an understanding of the CFI and culturally	5	

informed assessment. Reference to the CFI is incorporated		
D. Paper explores the students social/cultural location and identity, and the potential impact on diagnosis and relationships with clients.	5	
TOTAL	20	

### EVALUATION AND GRADING

Your grade will be based on the criteria described above. Credit will be determined as follows:

Participation	30 pts
CFI – Eco-map and paper	20 pts
Diagnosis Review (2)	25 pts
Total	100 pts

94-100 = A	90-93.5 = A-	88-89.5 = B+
83-87.5 = B	80-82.5 = B-	78-79 = C+
73-77.5 = C	70-72 = C-	

### CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness maybe seen as an absence that requires make-up work.

### DISABILITY SERVICES STATEMENT

If you require academic accommodations, please contact the Student Support Services Office in Albany Quadrangle (503-76-7192 or [access@lclark.edu](mailto:access@lclark.edu)). Once you complete the intake process and the Accommodations Agreement, you may Request to Send your Accommodations Letter. Student Support Services staff will then notify faculty of the accommodations for which you are eligible.

### DISCLOSURE OF PERSONAL INFORMATION

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

### LINKS TO LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: [go.lclark.edu/gsec-nondiscrimination](http://go.lclark.edu/gsec-nondiscrimination);
- Standards for professional student conduct and academic integrity: [go.lclark.edu/gsec-conduct](http://go.lclark.edu/gsec-conduct);
- Sexual misconduct: [go.lclark.edu/titleIX](http://go.lclark.edu/titleIX)

## COURSE SCHEDULE

	Topics	Readings	Assignments
Class 1 Sec 1 and 2: Jan 13	<ul style="list-style-type: none"> <li>• Introductions</li> <li>• Expectations of the course</li> <li>• Basics of diagnosis</li> <li>• Attunement and Accompaniment</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5: Preface, Introduction, Use of Manual and Cautionary Statement</li> <li>• Watkins, M. (2015). Psychosocial Accompaniment. <i>Journal of Social and Political Psychology</i>, 3(1), 324-341. <a href="https://doi.org/10.5964/jspp.v3i1.103">https://doi.org/10.5964/jspp.v3i1.103</a></li> </ul>	
Class 2 Sec 1 and 2: Jan 20	<ul style="list-style-type: none"> <li>• Neurodevelopmental Disorders</li> <li>• Adverse Childhood Experience's (ACE's)</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 1</li> <li>• Diagnosis made easier: chapters 1-7</li> <li>• DSM-5: Cultural formulation pgs. 749-760</li> <li>• Nadine Burke Harris – How childhood Trauma Affects Health Across a Lifetime. <a href="https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en">https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en</a></li> </ul>	
Class 3 Sec 1 and 2: Jan 27	<ul style="list-style-type: none"> <li>• Trauma and stressor related disorders</li> <li>• Dissociative disorders</li> <li>• Cultural considerations of diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 &amp; Family Systems: chapters 7, 8</li> <li>• Diagnosis made easier: chapters 9, 10</li> <li>• DSM-5: review topic diagnosis.</li> <li>• Chapter of interest from: <i>Watters, E. Crazy like Us : The Globalization of the American Psyche.</i> (2010). New York: First Free Press</li> </ul>	CFI - Ecomap
Class 4 Sec 1 and 2: Feb 3	<ul style="list-style-type: none"> <li>• Schizophrenic spectrum and other psychotic disorders</li> <li>• Mood Disorders</li> <li>• Dignity</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 &amp; Family Systems: chapters 2, 3</li> <li>• Diagnosis made easier: chapters 11, 13</li> <li>• DSM-5: review topic diagnosis</li> <li>• GILLIGAN, J. (2003). Shame, Guilt, and Violence. <i>Social Research</i>, 70(4), 1149-1180.</li> </ul>	CFI paper
Class 5 Sec 1 and 2: Feb 10	<ul style="list-style-type: none"> <li>• Anxiety Disorders</li> <li>• Obsessive-Compulsive Disorder</li> <li>• Social Justice</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 5,6</li> <li>• Diagnosis made easier: chapters 8, 12</li> <li>• DSM-5: review topic diagnosis</li> <li>• Sutherland, Couture, Gaete Silva, Strong, Lamarre, &amp; Hardt. (2016). Social Justice Oriented Diagnostic Discussions: A Discursive Perspective. <i>Journal of Feminist Family Therapy</i>, 28:76–99,</li> </ul>	
Class 6 Sec 1 and 2: Feb 17	<ul style="list-style-type: none"> <li>• Somatic symptom and related disorders</li> <li>• Eating Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 9,10</li> <li>• Diagnosis made easier: chapters 14</li> <li>• DSM-5: review topic diagnosis</li> </ul>	Diagnostic Case Review #1

	<ul style="list-style-type: none"> <li>• V-codes and social/relational</li> </ul>		
<p>Class 7</p> <p>Sec 1 and 2:</p> <p>Feb 24</p>	<ul style="list-style-type: none"> <li>• Gender Dysphoria</li> <li>• Disruptive Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 14, 15</li> <li>• Diagnosis made easier: chapters 17, 18</li> <li>• DSM-5: review topic diagnosis</li> <li>• Strong, T. (2015) Diagnoses, Relational Processes and Resourceful Dialogs: Tensions for Families and Family Therapy. <i>Family process</i>, Vol.54 (3), p.518-532</li> </ul>	
<p>Class 8</p> <p>Sec 1 and 2:</p> <p>March 3</p>	<ul style="list-style-type: none"> <li>• Substance related and addictive disorders</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 16</li> <li>• Diagnosis made easier: chapters 15, 16</li> <li>• DSM-5: review topic diagnosis</li> <li>• The cultural aspect: How to measure and interpret epidemiological data on alcohol-use disorders across cultures Jürgen Rehm and Robin Room <i>Nordic Studies on Alcohol and Drugs</i> Vol 34, Issue 4, pp. 330 – 341</li> </ul>	
<p>Class 9</p> <p>Sec 1 and 2:</p> <p>March 10</p>	<ul style="list-style-type: none"> <li>• Personality Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• DSM-5 and Family Systems: chapters 18</li> <li>• Diagnosis made easier: chapters 17</li> <li>• DSM-5: review topic diagnosis</li> </ul>	Diagnostic Case Review #2
<p>Class 10</p> <p>Sec 1 and 2:</p> <p>March 17</p>	<ul style="list-style-type: none"> <li>• Wrap up</li> <li>• Creating a diagnosis</li> <li>• The art of diagnosis (Responsibility and creativity)</li> </ul>	<p><a href="#">DSM-5: An Invitation to Bias: Social Justice and Diagnostic manuals</a></p> <p><a href="http://www.youtube.com › watch">www.youtube.com › watch</a></p>	

### Recommended Readings

This class is an introduction to the vast amount of information available. I've included a reading list of additional articles and texts that would add to your knowledge of psychological disorders and mental illness.

Epstein, Wiesner & Duda. (2013). DSM and the Diagnosis-MacGuffin: Implications for the Self and Society. *Australian and New Zealand Journal of Family Therapy*. 34, 156–167

Hall, W. (2016). Outside Mental Health: Voices and Visions of Madness. Madness Radio  
<https://willhall.net/files/OutsideMentalHealthVoicesAndVisionsOfMadnessEBook.pdf>

Hicks, D. (2011). *Dignity*. Yale University Press.

- Kirmayer, L. J. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine*, 75(2), 249–256.
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299–319.
- Wamboldt, Kaslow & Reiss. (2015). Description of Relational Processes: Recent Changes in DSM-5 and Proposals for ICD-11. *Family Process*, 54(1), p6-16.
- Watkins, M. & Shulman. L. (2008). *Toward psychologies of Liberation*. Basingstoke, UK: Palgrave Macmillan.
- Zalaquett, Fuerth, Stein, Ivey & Ivey. (2008). Reframing the DSM-IV-TR From a Multicultural/Social Justice Perspective. *Journal of Counseling & Development*, 86 (3), p.364-371.